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14. ABSTRACT
Prostate cancer is the most commonly diagnosed non-skin cancer among men in the United States, and Latinos are the most rapidly growing minority in the United States. Even when prostate cancer is diagnosed and treated early, there are a number of side effects that can have an impact on men's quality of life including erectile dysfunction, incontinence, and a diminished desire for sexual relations. Because of these treatment side effects, prostate cancer is often considered a couples' disease. The purpose of our study is to describe the impact of prostate cancer treatment-related symptoms on low-income couples, including Latino couples, undergoing a radical prostatectomy. We have started interviewing couples at three time points following the man's surgery. The men are asked to complete a questionnaire that asks about urinary, bowel, sexual, and hormonal symptoms and one that asks about his relationship with his partner. The partner is asked to complete the same relationship questionnaire. Couples are interviewed by telephone. Analysis of this data will allow us to identify the types of interventions that are needed and would be acceptable to these couples. It is essential to understand the needs, perspective, and culture of individuals for whom interventions are to be developed, information from this study will be critical to the development of interventions that are specific to the culture and needs of low-income couples who are managing the symptoms of prostate cancer treatment

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I. INTRODUCTION

Prostate cancer is the most commonly diagnosed non-skin cancer among men in the United States, and Latinos are the most rapidly growing minority in the United States. Latino and African-American men tend to be diagnosed with later stage prostate cancer than white men and therefore are likely to have more symptoms. However, low-income, uninsured Caucasian men also tend to have more advanced disease at diagnosis. Even when prostate cancer is diagnosed and treated early, there are a number of side effects that can have an impact on men's quality of life including erectile dysfunction, incontinence, and a diminished desire for sexual relations.

Because of these treatment side effects, prostate cancer is often considered a couples' disease. Studies show that men with partners have better treatment and quality of life outcomes than men without partners. Partners have been shown to be important in prostate-cancer decision-making, helping men with managing their prostate cancer symptoms, and providing support. However, partners often feel unprepared to deal with the effects of prostate cancer both for themselves and their partners.

Most of the studies with partners or couples affected by prostate cancer have been conducted with Caucasian couples or partners of relatively affluent men and we know that people with low incomes tend not to have insurance and may not have access to health care. Thus, there is little information to guide the development of interventions to help low-income Latino couples manage prostate cancer and its symptoms even though their need is great.

Therefore, the purpose of our study is to describe the impact of prostate cancer treatment-related symptoms on low-income Latino, African-American, and Caucasian couples at 3 different times after the man's prostate cancer surgery. We will interview couples who participate in the study 6-12 months, 14-24 months, and 24-36 months after the man's surgery. Each time, the man and his partner will be interviewed separately and then together by a male interviewer for the men and a female interviewer for female partners. The men will be asked to complete a questionnaire that asks about urinary, bowel, sexual, and hormonal symptoms and one that asks about his relationship with his partner. The partner will be asked to complete the same relationship questionnaire. Couples will be interviewed by telephone. Analysis of this data will allow us to identify the types of interventions that are needed and would be acceptable to these couples.

Because it is essential to understand the needs, perspective, and culture of individuals for whom interventions are to be developed, information from this study will be critical to the development of interventions that are specific to the culture and needs of low-income Latino, African-American, and Caucasian couples who are managing the symptoms of prostate cancer treatment.

II. BODY

Approval was received from all IRBs in mid-April 2008 and participant recruitment started immediately. However, recruitment was considerably slower than expected. The USC site transitioned to a new hospital during the time period of this report. Prior to the move prostatectomies were not scheduled. Following the move, scheduling of these surgeries has remained low. Additionally, funding for the California IMPACT program, our other recruitment site, was reduced. Also, we are speculating that, related to the current economic situation, men who are uninsured may be delaying treatment. To address this issue and adequately address the aims of this study, our team decided to expand recruitment to all low-income couples based as described in the rationale below from the DoD amendment approved in Jan 2009 and to post flyers at other sites serving low-income men with prostate cancer.

Rationale for extending DoD Impact of Prostate Cancer Treatment-Related Symptoms on Low Income Latino couples to low income couples of other ethnicities:

Based on results of our previous DoD study, "The Meaning of Prostate Cancer Treatment-Related Erectile Dysfunction and Incontinence for Low Income African American and Latino Men", we feel that it is important to expand our current study to low-income couples beyond Latino couples. Recent analysis indicated that country of origin had influence on how men viewed and renegotiated their masculinity (Maliski, Rivera et al. 2008). Latino men born and African-American/Black men born outside the US in countries in which they were not ethnic minorities told different stories that were more similar to each other than with men of similar ethnicity, born in the US and raised where they were an ethnic minority. Specifically, we would like to expand to include low-income Caucasian and African-American/Black couples to the Objective and Specific Aims. This will enable us to examine whether this difference holds for low-income couples and to examine other couple differences that may be related to ethnicity as well as being low-income and uninsured. Most of the Latino couples are first-generation immigrants while African-American/Black and Caucasian couples recruited from our study sites will be US-born.

Objective Therefore, given the dearth of research on the effect of prostate cancer and its treatment on low-income couples, the purpose of this study is to describe the experience and impact on the relationship of prostate cancer treatment-related symptoms from the perspective of low-income men and their partners.

Specific Aims

Our specific aims are to:

1. Elicit patients' treatment-related symptoms using the Expanded Prostate Cancer Index Composite (EPIC) and in-depth interviewing at 3 time points following the prostate cancer diagnosis: 1.) 6-12 months, 2.) 14-23 months, and 3.) 24-36 months post-treatment.

2. Describe relationship quality and satisfaction over time using the Dyadic Adjustment Scale (DAS) and in-depth interviews of men and their partners at the 3 time points following diagnosis of prostate cancer.
3. Describe the impact of the symptoms on the couples' relationships from the couples' perspective. We will accomplish this by analyzing covariance of the EPIC scores with the DAS scores over the 3 timepoints and analyzing qualitative data for meaning of symptoms within the context of the couples' relationships. Finally, using discriminant analysis of the DAS scores to categorize couples on quality of relationship, we will examine emergent themes the interviews of couples scoring high in relationship quality and those scoring low.

We expect that the partners of low-income men treated for prostate cancer will experience distress, express concern about their partner's heath, lack of knowledge about prostate cancer and how to help their partners, and worry about their own future and sexuality. We expect that in couples where men express more bother with their symptoms, marital satisfaction and cohesion will be lower. Finally, we expect concepts to emerge from the joint analysis of qualitative and quantitative data that will produce a fuller understanding of prostate cancer and treatment related symptoms among low-income couples that will allow the development of culturally appropriate couple-based interventions to manage symptoms and improve quality of life for this population.

Background

The literature cited in the proposal is supportive of a lack of information on low income couples of any ethnicity, because many studies in this area are conducted with Caucasian mid- and upper class men. Additionally, African-American/Black men have double the incidence of prostate cancer as do Caucasian men (ACS 2008). While ethnic minorities are more likely to be uninsured than their Caucasian counterparts (Gallina, Karakiewiez et al. 2007), low income Caucasian couples face similar limitations in resources for managing treatment-related symptoms as do other low income men. Lack of insurance is associated with later-stage diagnosis among men of all ethnicities (Gallina, Karakiewiez et al. 2007).

Impact

Expanding the study sample to low income couples of multiple ethnicities will increase the impact of study results. We will also be able to get a sense of whether prostate cancer treatment-related symptoms affect couples of various ethnicities differently which will support further, more focus investigation of cultural issues and provide better focus for intervention development. This is especially critical in the current economic climate in which increased number of couples are falling into the ranks of the uninsured, poor.

References

ACS (2008). Cancer Facts & Figures 2004. Atlanta, GA, National Home Office, American Cancer Society, Inc.

Gallina, A., P. Karakiewiez, et al. (2007). "Health-insurance status is a determinant of the stage at presentation of cancer control European men treated with radical prostatectomy for clinically localized prostate cancer." British Journal of Cancer **99**(6): 1404-1408.

Maliski, S. L., S. Rivera, et al. (2008). "Renegotiating masculine identity after prostate cancer treatment." Qualitative Health Research **18**(2): 1609-1620.

This change required obtaining approval from all IRBs, again, which was received in Feb 2009. Therefore, status of our accomplishments relative to the SOW is described below:

Task 1: *Elicit descriptions postprostatectomy symptoms as experienced by the patient and his partner and their perception of the impact on their relationship at 3 points in time following the prostate cancer surgery.*

a. Identify and recruit 100 potential couple participants or until 50 couples have completed all 3 interviews with category saturation (Months 1-24)

Currently, we have identified 80 potential participants of whom 39 did not meet all eligibility criteria. Partners declined to participate for another 14 leaving 27 potential couples of these 8 couples have fully consented and have had the baseline interview. There are another 4 couples who are scheduled for baseline interviews. Identification and recruitment is ongoing.

b. Conduct initial interviews (Months 1-12)

Baseline interviews have been conducted with 8 couples.

c. Conduct second interviews (Months 7-18)

Second interviews have been conducted with 4 couples.

d. Conduct third interviews (Months 19-30)

None have reached the timepoint for the third interview.

Task 2: *Prepare data for analysis*

a. Verbatim transcription of transcripts (Months 1-32)

Baseline interviews have been transcribed.

b. Translation and verification of translated transcripts (Months 2-32)

Four interviews have been translated and verified.

c. Entry of transcripts into NVivo (Months 1-32)

Initial analysis is being done without NVivo

d. Transfer EPIC and DAS responses into SAS database (Months 30-32)

Data entry is started.

Task 3: *Explore relationship quality and satisfaction over time in relation to the man's prostate cancer symptoms from the couples' perspective.*

a. Line-by-line coding of interview data using constant comparative technique (Months 2-34)

This will begin at the end of this month as translated first transcripts become available.

b. Identify categories related to impact of prostate cancer symptoms on relationship at each timepoint and across timepoints and by relationship quality categorization based on DAS scores (Months 30-34)
c. Verify categories with participants during 2nd and 3rd interviews (Months 7-30)
d. Develop concepts from the categories (Months 32-34)
e. Correlational analysis of DAS scores with EPIC domain scores (Months 32-34)
f. Create situational, social worlds, and positional maps integrating qualitative and quantitative analysis results (Months 32-34)
g. Develop grounded theoretical formulation describing the impact of postprostatectomy symptoms on low-income Latinos' relationships from the perspective of the couples (Months 33-36)

Task 4: *Disseminate findings*
a. Develop manuscripts (Months 35-36 and post-study)
b. Prepare final reports (Months 35-36)
c. Present findings at national conference (Months 34-36 and post-study)
d. Develop intervention strategies to be tested (Post-study)

We feel that with the expansion of our recruitment pool, that we will be better able to meet the goals of the study and have richer data.

III. KEY RESEARCH ACCOMPLISHMENTS

1. All amended recruitment protocols and flyers have been established and have received final IRB approval.
2. Initial interviews have been conducted with 8 couples
3. Second interviews have been conducted with 4 couples

IV. REPORTABLE OUTCOMES:

As of the date of this report, there are no outcomes for this study.

V. CONCLUSION:

We have actively addressed our low recruitment issue and anticipate that our measures will remedy the situation.

REFERENCE

As of the date of this report, there are no references to report.